

NEW HAMPSHIRE FIRE STANDARDS & TRAINING COMMISSION
DOCUMENTATION OF INSTRUCTIONAL ACTIVITY

Annual Instructional Requirements for the reporting year July 1, ____ - June 30, ____.

1. Name (Please print or type) _____
LASTFIRSTMI

2. Mailing Address _____
STREET/PO BOXCITYSTATEZIP

3. Telephone Number () _____

4. Activities completed during the past reporting year (July 1, ____ - June 30, ____) and not listed on last year's certificate.

| SPONSOR NAME | PROGRAM TITLE | CREF# | DATE (S) OF ACTIVITY | TYPE OF ACTIVITY | TOTAL HOURS |
|--|-------------------|-----------|-------------------------|---------------------|----------------|
| Example: NHFST | Building Collapse | 1402-9608 | 02/15/96 | Instructor (other) | 2 |
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| If you need more space , attach additional form. | | | | | GRAND TOTAL |

5. I hereby certify that I am familiar with the requirements of the New Hampshire Fire Standards & Training Commission, that the information set forth in this Document is complete and accurate, to the best of my knowledge, and that I have completed the hours of instructional activity as listed.

Signature: _____ Dated: _____

6. Send the completed form to Fire Standards & Training, 33 Hazen Drive, Concord, NH 03305 by June 30 of each year.

If not received by June 30, Inactive Instructor status will start.

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